FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 11:44

DOCUMENT # **762353** **(1)**

1. Corporation Name

LAKESIDE AT LOCHMOOR CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
2069 W. LAKEVIEW BLVD. UNIT E-7 NORTH FORT MYERS FL 33903	2069 W. LAKEVIEW BLVD. UNIT E-7 NORTH FORT MYERS FL 33903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1982
3a. Date of Last Report: 05/13/1994
4. FEI Number: 59-2243864 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26 2069 W. LAKEVIEW BLVD
22 Suite, Apt. #, etc.	27 BOX 12
23 City & State	28 N. FT MYERS, FL.
24 Zip / 25 County	29 Zip 33903 / 30 County LEE

9. Name and Address of Current Registered Agent

WILLE, DONALD E.
2069 W. LAKEVIEW BLVD.
UNIT E-7
N FT MYERS FL 33903

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Donald E. WILLE Donald E Wille 3/7/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	11 TITLE	SECRETARY / D	☒ Change ☐ Addition
NAME	SYVERSON, J	12 NAME	JOYCE GREENE	
STREET ADDRESS	2063 W LAKEVIEW BLVD B2	13 STREET ADDRESS	2067 - W. LAKEVIEW BLVD D-3	
CITY-ST-ZIP	N. FT. MYERS FL	14 CITY ST ZIP	N. Ft MYERS FL. 33903	
TITLE	D	21 TITLE	ART PICKLER	☒ Change ☐ Addition
NAME	MCCARTHY, R	22 NAME	2067 N LAKEVIEW BLVD. D-8	
STREET ADDRESS	2063 W LAKEVIEW BLVD B4	23 STREET ADDRESS	N. Ft MYERS, FL 33903	
CITY-ST-ZIP	N. FT. MYERS FL	24 CITY-ST-ZIP	DIRECTOR / D	
TITLE	PD	31 TITLE	VICE PRESIDENT / D	☒ Change ☐ Addition
NAME	EDWARDS, A L	32 NAME	ALLAN L EDWARDS	
STREET ADDRESS	2067 W LAKEVIEW BLVD D-9	33 STREET ADDRESS	2067 - W. LAKEVIEW BLVD #D-9	
CITY-ST-ZIP	N. FT. MYERS FL	34 CITY-ST-ZIP	N. Ft MYERS FL 33903	
TITLE	T	41 TITLE	TREASURER / D	☐ Change ☐ Addition
NAME	WILLE, DONALD E.	42 NAME	DONALD E WILLE	
STREET ADDRESS	2069 W LAKEVIEW BLVD E-7	43 STREET ADDRESS	2069 - W LAKEVIEW BLVD #E-7	
CITY-ST-ZIP	N.FORT MYERS FL	44 CITY-ST-ZIP	N. Ft MYERS, FL 33903	
TITLE	V	51 TITLE	PRESIDENT / D	☒ Change ☐ Addition
NAME	BROWN, E	52 NAME	E. BROWN	
STREET ADDRESS	2065 W LAKEVIEW BLVD C6	53 STREET ADDRESS	2065 W LAKEVIEW BLVD # C-6	
CITY-ST-ZIP	N FT MYERS FL	54 CITY-ST-ZIP	N. Ft MYERS FL 33903	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald E Wille Donald E. WILLE 3/7/95 813 995-1069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0015806